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ABSTRACT

In order to better meet the needs of female adolescents coming to a Planned Parenthood League Teen Center for prescription contraceptives, a study was undertaken to understand their psychosexual history. The study focused on the past and present sexual and contraceptive behavior of 532 new clients under the age of 18. The data were collected through the use of a short, structured, interview schedule. Although 85% of the teens had utilized some birth control at some time, they had used primarily the less effective nonprescription methods, and only a third of the sample always used birth control. Primary reasons for non-use were not wanting to use contraception (such as being afraid that it would lessen the pleasure of intercourse), lack of availability of contraception, and lack of knowledge. These results indicate that a combination of sensitively designed sex education (which both provides factual information and explores the psychosocial aspects of sexuality) plus the ready availability of effective contraception can help alleviate the adverse effects of unintended pregnancy currently resulting from teenage sexual activity. (Author)

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Psychosexual Background of Female Adolescents Seeking Contraceptive Assistance

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Psychosexual Background of Female Adolescents Seeking Contraceptive Assistance

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During the past decade, it has become increasingly apparent that large numbers of teenagers are sexually active. On the basis of census enumerations and surveys of teenage sexual activity, it is possible to estimate that there are more than 3.3 million unmarried women aged 15-19 who are sexually active and at risk of unwanted pregnancy (Dryfoos, 1975). If we add to this estimate an approximately equal number of males, we can quickly see that the number of sexually experienced adolescents in the United States is quite substantial.

This level of sexual activity is significant because teenagers constitute the age group which suffers most heavily from the negative physical and psychosocial consequences of unprotected intercourse. Nonmarital adolescent conceptions are currently widespread and are resulting in large numbers of: hasty marriages (National Center for Health Statistics, 1970), many of which quickly end in divorce (National Center for Health Statistics, 1973); illegitimate births (National Center for Health Statistics, 1975); and abortions (Center for Disease Control, 1976). The detrimental effects of teenage childbearing are well-documented (e.g., Menken, 1972). They run the gamut from higher than average

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maternal and infant morbidity and mortality to restricted development of the personal, social, and economic potential of the parents and child.

The most direct way to minimize the negative consequences of unprotected intercourse among teenagers is to make contraception readily available to them. This, incidentally, is precisely what the Commission on Population Growth and the American Future (1972) recommended several years ago. The Planned Parenthood League of Detroit is an example of an organization which provides services to teenagers including both sex education sessions where teens may obtain nonprescription birth control and subsequent medical services where they may obtain prescription contraception. The study to be described was undertaken in collaboration with a Teen Center run by Planned Parenthood in order to learn more about their clientele, which is viewed as a necessary condition for providing effective service.

PROCEDURE

Upon arriving at the Teen Center for her medical examination, the teenager first had a private conference with a counselor. This conference served several purposes. The counselor gathered information such as prior medical history necessary to establish a file for the patient; the teen was able to secure answers to questions she had concerning such topics as birth control and what to expect during the medical examination (the majority of the teens had not had a pelvic examination before); and she was able to engage in a confidential discussion concerning herself as a sexual being.

As part of this conference, the counselor elicited a psychosexual history which focused on the client's sexual and contraceptive

behavior. The interview was conducted using a short, structured interview schedule. This report is based upon the psychosexual history data obtained from 532 young women under the age of 18 who received contraceptive services from the Teen Center. Due to the small amount of missing data, percentages reported in this paper are adjusted for missing data, i.e., based on only those subjects who answered the particular item.

RESULTS

Description of Respondents

Demographic information on the 532 young women is presented

Insert Table 1 about here

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in Table 1. The age range is from 12 to 17, with the mean age being 16.1 years. Racially the sample is slightly over two-thirds white, with all but 2% of the non-whites being blacks. Even though the Teen Center is located in the city of Detroit, over two-fifths of the young women reside in the surrounding metropolitan area and travel to the city in order to attend the clinic. This is an indication of the difficulty faced by teenagers in obtaining comprehensive contraceptive health care.

The majority of the clients are from the middle and lower-middle socioeconomic classes as determined from the head of household's occupation and education (Hollingshead, 1957). The teenagers' educational level is what one would expect on the basis of the age distribution, with the majority clustered in the upper high school grades. Of the 6% of the sample not in school, 2% had completed high school and the other 4% had dropped out of school prior to graduation.

Coital Experience

Forty-two (7.9%) of the young women were virgins at the time that they came to the clinic. Of the remaining 490 who were coitally experienced, 86% were currently active. That is, they had had intercourse during the two months prior to coming to the Teen Center.

As can be seen from Table 2, the majority of the teens began

Insert Table 2 about here

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having intercourse when they were either 15 or 16. Mean age at first intercourse was 15.1 years. During the two months following their first coital experience, the teens averaged less than one intercourse per week ($\bar{X}$ = 3.6 per month) and for close to half of the teens, intercourse was quite sporadic as it occurred once a month or less.

This contrasts with the group's pattern of sexual activity at the time they came to the Center seeking contraception. As noted, 67 (14%) of the sexually experienced young women had not had intercourse during the prior two months. Table 3 presents the current monthly frequency of intercourse for the 423 girls who were active.

Insert Table 3 about here

The degree of sexual activity is still relatively low with 65% of the group having intercourse once a week or less. The mean frequency of intercourse is 5.3 times per month.

Sex Partners

As one might expect from the data concerning current frequency of intercourse, the overwhelming majority (91.7%) of the currently active young women were active with just one sex partner. Only 7.6% were active with two partners and 0.7% were involved with three

current partners. This picture of sexual activity with few partners is confirmed by the answers to questions which approach the topic from slightly different perspectives.

Table 4 shows that almost all the teens are usually active

Insert Table 4 about here

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with only one partner. A small percentage (3.5%) of the young women are usually not active with any partner. That is, their periods of sexual activity are separated in time by larger periods of sexual inactivity.

The middle column of Table 4 presents the responses to the question concerning the greatest number of partners the young women have had intercourse with in any one year. A little over half (56.1%) of the teenagers have had intercourse with only one partner in any given year and almost a quarter (23.2%) of the respondents have had a maximum of two partners in a year. Combining these two responses reveals that four-fifths of the young women have never had intercourse with more than two men in any given year.

The last column of Table 4 indicates the total number of partners the young women have had since becoming sexually active. Almost half (48.1%) the sample have only had one partner ever, while a fifth have had two partners and 15% have had a total of three partners.

Contraceptive Usage

The young women were asked a series of questions concerning their prior use of birth control. They were first asked to indicate all the birth control methods they or any of their partners had ever used with them. Their responses to this question are presented in Table 5. It

is readily apparent that the teens have primarily used the non-

Insert Table 5 about here

prescription methods of contraception. There were no IUD users, only three diaphragm users, and 8% who had used the pill. This pattern of response was expected because one of the most attractive (to the teenagers) features of the Teen Center was that it dispensed prescription contraception.

An important point which should be mentioned in regard to the teens' use of nonprescription contraception concerns the fact that their lack of knowledge causes a question, such as the one Table 5 is based on, to overestimate the degree of effective usage of such methods. For example, douching and "other" (in this case deodorant vaginal suppositories) are not birth control methods. Also, the fact that the respondent said that she used rhythm can by no means be taken as an indication that the method was being correctly used. As a number of investigators, including myself (Reichelt & Werley, 1975), have amply demonstrated, many teens cannot correctly identify the fertile segment of the menstrual cycle.

An additional point which must be noted in regard to Table 5 is that it is not a representation of the situation which existed before the teens came to the Teen Center. This is because after attending the sex education program, the teens may ask for a supply of condoms and spermicidal foam. By the time of the interview, this has the effect of increasing the number of users of condoms and spermicides and decreasing the number of teens who have never used any contraception.

Table 6 presents the data concerning how consistently the

teens utilized birth control. As previously shown by Table 5,

Insert Table 6 about here

14.5% of the coitally experienced young women never used contraception. On the other hand, a third (34.0%) of the sample always used birth control. The remaining half of the sample falls in between the two extremes and is somewhat equally distributed across the four quartiles. Looking at the use of birth control from another perspective, we find that over three-fifths (62.4%) of the young women engaged in intercourse prior to beginning contraceptive use.

Reasons for Nonuse of Contraception

The obvious question which presents itself is why do teenagers not consistently use birth control? In seeking to answer this question, it is helpful to look at two subgroups of the current sample: those who have never used contraception, and those who have used contraception in the past but are not currently using it. Table 7

Insert Table 7 about here

presents a breakdown of the sample in terms of current use of birth control. Table 8 explores the reasons for nonuse by the 71 coitally

Insert Table 8 about here

experienced young women who had never used contraception.

A fifth (21.1%) of this group stated that they had not wanted to use contraception. When asked why they did not want to use birth control, the most frequently given answer was that they were afraid it would lessen the pleasure of intercourse. Other answers given included: not wanting to plan to have sex, being afraid that sex

would become a routine thing, and being afraid that contraception would be detrimental to their health. Another fifth (21.1%) of the teens had never used contraception because they did not know where to obtain contraceptives. These respondents are obviously defining birth control in terms of physical or chemical products. Their reason for nonuse becomes nonexistent as a result of coming to the clinic.

The third most frequently cited primary reason for not using contraception was that intercourse was always unplanned. Other reasons given indicated a lack of knowledge such as not knowing that you could actively seek to prevent pregnancy or not knowing what method to use or how to use a method. The other main class of reasons indicates a lack of concern such as denying the possibility of pregnancy, never thinking about contraception, and not caring about becoming pregnant. For the teenagers, these three answers constitute an unrealistic class of reasons for not using birth control. The "Other" category is a heterogeneous group of answers, none of which was given by more than two respondents.

Table 9 presents comparable information for the 66 sexually

Insert Table 9 about here

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active young women who had used birth control in the past but were not currently using it. The two most frequently cited reasons for discontinuing fertility regulation are the same two reasons given most frequently by the group which had never used birth control. This parallel between the two groups was found to continue when the 34.5% who said they did not want to use birth control were asked why. Again the most frequently given responses were that they were

afraid it would lessen the pleasure of intercourse and that they did not want to plan to have sex.

Fourteen percent (13.8%) of this "discontinue" group were not currently practicing birth control because no contraceptives were available when needed. Again, this implies a definition of birth control limited to devices. Less than a tenth (6.9%) of these prior users discontinued due to confusion concerning which method to use or how to use it, but 10% (10.4%) did stop use because of a lack of commitment. That is, because they were not serious about contraception or because they merely thought they were pregnant. Again, the "Other" category is a heterogeneous group of answers, each given by only one or two respondents.

Both Tables 8 and 9 indicate that a primary reason for not utilizing birth control can be broadly defined as not wanting to practice fertility regulation. Given this, it is reasonable to ask what causes these young women to seek the services of the Teen Center. When this question was asked of those who had either never used birth control or who had discontinued using contraception while remaining sexually active, 56% (55.6%) said that they had come to the clinic because they knew they could obtain the pill there and 44% (44.4%) replied that their fear of pregnancy was now stronger than their reason for not wanting to use birth control.

DISCUSSION

Several points of interest stand out in regard to the data just presented. First is the fact that while these young women are sexually active and in need of contraception, they are not active to as an extensive degree that some might suppose in light of the current sexual saturation of American culture. This is shown both by the

data on number of sex partners and frequency of intercourse, and is typical of the reported research (Goldsmith, Gabrielson, Gabrielson, Mathews, & Potts, 1972; Kantner & Zelnik, 1972; Vener & Stewart, 1974). Even those teens who have had experience with more than one sex partner are usually active with only one male in any given time period.

A second point of interest is that 62% of the sample had engaged in intercourse before using any type of birth control. Again, this is typical of the reported research (Corey, 1975; Settlage, Baroff, & Cooper, 1973). It is also a cause for concern when one considers how simple some birth control measures are (e.g., withdrawal, condom, etc.). For those teens who begin having intercourse without using contraception, each exposure which does not result in pregnancy reinforces the behavior of nonuse, especially in the absence of accurate information about how easy it is to become pregnant.

However, the data also contain reason for optimism. In terms of this particular sample one can be optimistic because they all came to the Teen Center seeking contraceptive assistance. In terms of the larger teen population they represent, one can be optimistic because the reasons for nonuse can generally be dealt with on a group basis as opposed to being deep-rooted psychological concerns requiring intensive individual counseling (see also Miller [1975] on this point).

Cvetkovich and his associates (1975) have suggested that sex education can be made more effective through the use of extensive group discussion and by having older adolescents serve as counselors for younger adolescents. This would seem to be useful advice especially for those reasons for nonuse which center around the

"romantic ideal" and can be approached by helping the teens to define themselves as sexually active persons and by helping them develop more of a future orientation. Other reasons for nonuse can be dealt with through the provision of factual information and prescription contraception such as are provided by the Teen Center. That is, the teens are provided with the contraception they desire and the knowledge to use it, the birth control is always available when needed, it does not lessen pleasure, and there is no need to plan specific acts of intercourse. In sum, the combination of sensitively designed sex education plus the ready availability of effective contraception will do much to alleviate the adverse effects currently resulting from teenage sexual activity.

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Table 1

Respondent Characteristics
(N = 532)

Characteristic	Percent
Age	
12	0.8
14	3.6
15	16.4
16	42.9
17	36.5
Race	
Black	29.0
White	69.5
Other	1.5
Residence	
Detroit	56.9
All other	43.1
Socioeconomic Status	
High	7.2
	11.8
	24.0
	40.1
Low	16.8
Educational Level	
7 and 8	1.1
9	4.5
10	16.8
11	41.8
12	28.4
College	1.1
Not in school	6.2

Note. Percents may not total 100 due to rounding.

Table 2

Age at First Coitus and Monthly Frequency Then
(N = 490)

Age At First Coitus	
10 and 11	0.8
12	2.2
13	5.7
14	16.8
15	32.3
16	30.9
17	11.2
Monthly Frequency When Started Coitus	
1 or less	44.4
2	17.4
3	9.3
4	8.7
5	4.3
6	2.1
7	1.4
8	2.5
9	0.8
10	2.7
11 or more	6.4

Note. Percents may not total 100 due to rounding.

Table 3

Current Monthly Frequency of Intercourse
(N = 423)

Frequency	Percent
1 or less	23.6
2	17.4
3	11.2
4	12.6
5	5.3
6	4.1
7	1.9
8	4.5
9	1.9
10	3.8
11 or more	13.6

Note. Percents may not total 100 due to rounding.

Table 4

Numbers of Sex Partners
(Data are percent of N = 490)

Partners	Usual Number	Greatest Number in 1 Year	Total Number
0	3.5		
1	93.6	56.1	48.1
2	2.7	23.2	18.9
3	0.2	8.9	15.2
4		4.8	6.4
5		2.1	2.9
6 or more		5.0	8.4
	100.0	100.1	99.9

Note. Percents may not total 100 due to rounding.

Table 5

Birth Control Methods Used
(N = 490)

Method	Percent
Pill	8.0
Diaphragm	0.6
Condom	60.0
Spermicides	36.9
Rhythm	21.4
Withdrawal	40.0
Douching	4.9
Other	0.4
None	14.5

Table 6

Percent of Time Contraception Used
(N = 490)

Degree of Use	Percent
None	14.5
1 - 25%	13.3
26 - 50%	12.0
51 - 75%	8.3
76 - 99%	17.6
100%	34.0

Note. Percents may not total 100 due to rounding.

Table 7

Current Use of Birth Control
(N = 490)

Category	Percent
Currently using some contraception	62.8
Not currently using contraception	
Never used contraception	14.6
Used previously, but not currently	13.6
Used previously, but not now sexually active	9.0

Table 8

Primary Reason for Never Using Contraception
(N = 71)

Reason	Percent
Did not want to use a method	21.1
Did not know where to obtain contraceptives	21.1
Intercourse was always unplanned	14.1
Did not think she would become pregnant	8.5
Did not know you could use a method	7.0
Did not know method to use or how to use	7.0
Did not care about becoming pregnant	5.6
Never thought about contraception	4.2
Other	11.3

Note. Percents may not total 100 due to rounding.

Table 9

Primary Reason for Discontinuing Fertility Regulation
(N = 66)

Reason	Percent
Did not want to use a method	34.5
Did not know where to obtain desired contraceptives	20.7
No contraceptives available when needed	13.8
Did not know method to use or how to use	6.9
Not serious about contraception	5.2
Thinks she is pregnant	5.2
Other	13.8

Note. Percents may not total 100 due to rounding.